MAYO CLINIC LABORATORIES

Test Definition: FMPP2

Myocarditis/Pericarditis Panel

Overview

Profile Information

Test Id	Reporting Name	Available Separately	Always Performed
ECH_1	Echovirus Antibody Panel, Serum	No	Yes
FINFL	Influenza Types A and B Ab, Serum	No	Yes
FFCPA	Chlamydophila pneumoniae Ab IgG/A/M	No	Yes

Method Name

Complement Fixation (CF)/Immunofluorescence Assay (IFA)

NY State Available

Yes

Specimen

Specimen Type

Serum

Specimen Required

Container/Tube: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 2 mL

Acceptable: SST

Collection Instructions: Draw blood in a plain red top tube(s), serum gel tube is acceptable. Spin down and send 2 mL of serum ambient in a plastic vial.

Specimen Minimum Volume

1 mL

Reject Due To

Gross Hemolysis	Reject
Gross Lipemia	Reject
Gross Icterus	Reject
Other reasons	Specimens other than serum collected in Red top or SST

for rejection	

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Ambient (preferred)	7 days	
	Frozen	30 days	
	Refrigerated	14 days	

Clinical & Interpretive

Reference Values

MYOCARDITIS-PERICARDITIS PANEL

ECHOVIRUS ANTIBODIES, SERUM
REFERENCE RANGE: <1:8

INTERPRETIVE CRITERIA:
<1:8 Antibody Not Detected
>or=1:8 Antibody Detected

Single titers >or=1:32 are indicative of recent infection. Titers of 1:8 and 1:16 may be indicative of either past or recent infection, since CF antibody levels persist for only a few months. A four-fold or greater increase in titer between acute and convalescent specimens confirms the diagnosis. There is considerable cross-reactivity among enteroviruses; however, the highest titer is usually associated with the infecting serotype.

INFLUENZA TYPE A AND B ANTIBODIES, SERUM
REFERENCE RANGE: <1:8

INTERPRETIVE CRITERIA:
<1:8 Antibody Not Detected
>or=1:8 Antibody Detected

Single titers of >or=1:64 are indicative of recent infection. Titers of 1:8 and 1:32 may be indicative of either past or recent infection, since CF antibody levels persist for only a few months. A four-fold or greater increase in titer between acute and convalescent specimens confirms the diagnosis.

CHLAMYDOPHILA PNEUOMIAE ANTIBODIES (IgG, IgA, IgM)
REFERENCE RANGE:
IgG <1:64
IgA <1:16
IgM <1:10

The immunofluorescent detection of specific antibodies to Chlamydophila pneumoniae may be complicated by

cross-reactive antibodies, non-specific antibody stimulation, or past exposure to similar organisms such as C. psittaci and Chlamydia trachomatis. IgM titers of 1:10 or greater usually indicate recent infection, and any IgG titer may indicate past exposure. IgA is typically present at low titers during primary infection but may be elevated in recurrent exposures or in chronic infection.

Performance

PDF Report
No

Day(s) Performed
Tuesday through Saturday

Report Available
4 to 11 days

Performing Laboratory Location
Quest Diagnostics

Fees & Codes

Fees
- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact Customer Service.

Test Classification
This test was developed, and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

CPT Code Information
86632
86631 x 2
86658 x 5
86710 x 2

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FMPP2	Myocarditis/Pericarditis Panel	Not Provided

Result ID	Test Result Name	Result LOINC® Value
Z2309	Echovirus 4 Ab	5143-3
Z2310	Echovirus 7 Ab	6922-9
Z2311	Echovirus 9 Ab	5147-4
Z2313	Echovirus 11 Ab	6708-2
Z2314	Echovirus 30 Ab	6392-5
Z0364	Influenza A Ab	5229-0
Z0365	Influenza B Ab	5230-8
Z5241	C. pneumoniae IgG	6913-8
Z5242	C. pneumoniae IgA	6912-0
Z5243	C. pneumoniae IgM	6914-6
Z5244	Interpretation	50612-1